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PATENT APPLICATION FEE DETERMINATION RECOI								Application of Docket Number					
									119/6	5	4253		
Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED NUMBER EXTRA			EXTRA	R	ATE	FEE		RATE	FEE	
BASIC FEE							ΥŲ	345.00	OR		690.00		
TOTAL CLAIMS			U	minus 2	20= •	Х	\$ 9=		OR	X\$18=			
INDEPENDENT CLAIMS			2 minus 3 = '				×	X39≈		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							-	30=		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						<u> </u>	TOTAL		OR	TOTAL	140		
	CI	2 A 2 A	MENDED	, ,	71716	L	Jon	OTHER	THAN				
			umn 1)	1-27-0	4 (Column 2)	(Column 3)	SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		REM	AIMS AINING FTER NDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.0	0.	Minus	··20	= /	X	\$ 9=		OR	X\$18=		
	Independent	٥	2	Minus -	··· 3	= /	Х	39=		OR	X78=		
٩	FIRST PRESE	NTATIC	ON OF ML	ILTIPLE DEF	PENDENT CLAIN		<b>—</b>	30≈			+260=		
										OR	+200≡ TOTAL		
								TOTAL IT. FEE		OR	ADDIT. FEE		
	CONTRACTOR OF THE PARTY OF THE		umn 1) AIMS	CARROLLE CONTRACTOR	(Column 2) HIGHEST	(Column 3)				1 1			
AMENDMENT B		REM Al	AINING TER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**	]=	X	\$ 9=		OR	X\$18=		
	Independent	*		Minus	****	=	X	39=		OR	X78=		
	FIRST PRESE	NTATIC	ON OF MU	ILTIPLE DEF	PENDENT CLAIN	<u></u>	+1	30=		OR	+260=		
	(Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE		
AMENDMENT C		CL REM AF	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	**	=	X	9≃		OR	X\$18=		
	Independent	•		Minus	***	=	X	39=		OR	X78=		
٨	FIRST PRESE	NTATIO	ON OF ML	ILTIPLE DEF	PENDENT CLAIN		-			UH			
					الشاسا والمالية	aluma 2	L	30=		OR	+260=		
**If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
***	If the "Highest Nur The "Highest Num	mber Pr	eviously Pa viously Pai	aid For IN THI d For (Total o	S SPACE is less the r Independent) is the	an 3, enter "3." Ie highest number			propriate bo				